

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8794

STATE FILE NUMBER

FILED SEP 27 1961

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis, Missouri

Length of stay in 1b

1 month

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Cardinal Glennon
Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Washington

c. CITY
OR
TOWN

Cadets, Missouri

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Route 1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Patricia

Middle

Sue

Last

Boyer

4. DATE
OF
DEATH

Month

9

Day

19

Year

61

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/11/61

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

4

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Bonne Terre, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Harold Boyer

13b. MOTHER'S MAIDEN NAME

Alice Shepard

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Mrs. Alcie Boyer, R#1 Cadet Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

@ 2 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Truncus Arteriosus, congen

DUE TO (c)

Ventric. Septal Defect

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

754.2

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 1, 1961 to Sept. 19, 1961 and last saw her alive on Sept. 19, 1961

Death occurred at 5:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Leonard G. Karmach, M.D. Card. Glennon Hosp.

22b. ADDRESS

22c. DATE SIGNED

9/20/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9/23/61

23c. NAME OF CEMETERY OR CREMATORY

St. Joachim's

23d. LOCATION (City, town, or county)

Old Mines, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gum & Son

Potosi, Mo.

25. DATE RECD. BY LOCAL REG.

SEP 22 1961

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by William H. Green, Student Embalmer No. 616
working under my personal supervision.

Student William H. Green Signed Bert L. Boyer
Signature of Student Embalmer

Licensed Embalmer No. 3445

P. O. Address Leadwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.